

## HISTORY FACILITY PROFILE

UINTAH CARE CENTER  
 510 SOUTH 500 WEST  
 VERNAL UT 84078  
 STATE'S REGION CODE: 001

PROVIDER #: 465092  
 PHONE NUMBER: (435) 789-8851  
 PARTICIPATION DATE: 02/01/1984

FACILITY BEDS  
 CERTIFIED: 58

TYPE ACTION: RECERTIFICATION  
 TOTAL: 58  
 TYPE OWNERSHIP: GOVERNMENT - COUNTY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 01/17/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 58	
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TOTAL:	49	ADMISSION SUSPENDED:	18	18/19	19
MEDICARE:	2	SUSPENSION RESCINDED:	--	---	---
MEDICAID:	36			58	
OTHER:	11				

CURRENT SURVEY REVISIT DATES - 03/11/2002

PRIOR 3 SURVEY 06/1998	S/S CODE	PRIOR 2 SURVEY 08/1999	S/S CODE	PRIOR 1 SURVEY 11/2000	S/S CODE	CURRENT SURVEY 01/17/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	G				REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
				X	E	X C	E	02/06/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 06/1998	PRIOR 2 SURVEY 08/1999	PRIOR 1 SURVEY 11/2000	CURRENT SURVEY 01/17/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X				K0018-CORRIDOR DOORS
X	X	X	X N		K0025-SMOKE PARTITION CONSTRUCTION
	X				K0038-EXIT ACCESS
			X C	01/24/2002	K0044-HORIZONTAL EXIT
		X			K0054-SMOKE DETECTOR MAINTENANCE
	X	X	X C	01/24/2002	K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
	X	X	X C	01/24/2002	K0072-FURNISHING AND DECORATIONS
					K0130-OTHER

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	1	2	0	0
HEALTH TOTAL	1	2	0	0
LIFE SAFETY CODE	4	5	5	1
LIFE SAFETY CODE + HEALTH	5	7	5	1

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
06/09/1999	UNSUBSTANTIATED
12/06/1999	UNSUBSTANTIATED
05/11/2000	UNSUBSTANTIATED
11/21/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    X=DEFICIENT  
 COP = CONDITION    REQ = REQUIREMENT